

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

33647 7590 01/27/2005

ZIOLKOWSKI PATENT SOLUTIONS GROUP, SC  
 (ITW)  
 14135 NORTH CEDARBURG ROAD  
 MEQUON, WI 53097

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Jean A. Jordan

(Depositor's name)

*Jordan*  
 (Signature)  
 2-17-05  
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/605,738	10/22/2003	Herbert A. Bankstahl	ITW7510.075	2737

TITLE OF INVENTION: SCREW AIR COMPRESSOR FOR A WELDER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KERNS, KEVIN P	1725	219-133000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ziolkowski Patent  
 Solutions Group, SC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Illinois Tool Works Inc.

Glenview, IL

Please check the appropriate assignee category or categories (will not be printed on the patent). ☒ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name Timothy J. Ziolkowski

Registration No. 38,368

This collection of an application, 02/23/2005 00000008 1 1501 \$1,400.00 02/17/2005  
 submitting the, 02/23/2005 00000009 1 1504 \$300.00 02/17/2005  
 this form and/o Box 1450, Alex  
 Alexandria, Virginia 22313-1450.

CC ne USPTO to process)  
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Docketed by: *042*  
 Date: 2-18-05

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**United States Patent & Trademark Office****Credit Card Payment Form****Please Read Instructions before Completing this Form****Credit Card Information****Credit Card Type:** Visa Master Card American Express Discover**Credit Card Account #:** 5402-7800-0015-4369**Credit Card Expiration Date:** 08/05**Name as it Appears on Credit Card:** Tim J. Ziolkowski**Payment Amount:** \$ 1,700.00 (US Dollars)**Signature:** **Date:** 7/17/05

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**Credit Card Billing Address****Street Address 1:** 2268 Ridgewood Road**Street Address 2:****City:** Grafton**State:** WI**Zip/Postal Code:** 53024**Country:** USA**Daytime Phone #:** 262-376-5170**Fax #:** 262-376-2994**Request and Payment Information****Description of Request and Payment Information:** Issue/Publication Fees

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/605,738	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. ITW7510.075		Identify or Describe Mark	

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PTO/SB/47 (09-04)

Approved for use through 05/31/2006. OMB 0651-0016

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**"FEE ADDRESS" INDICATION FORM****Address to:**

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**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number:

33647

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto  
 in the following listed application(s) for which the Issue Fee has been paid for patent(s).

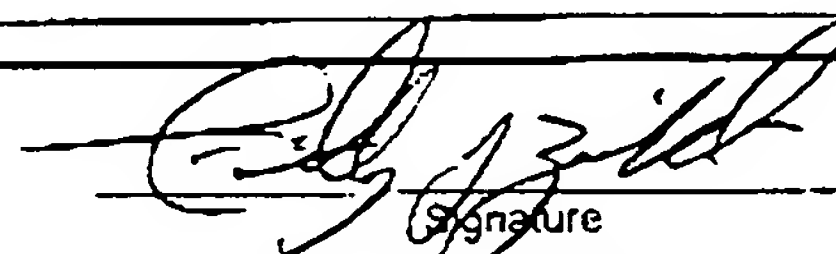
PATENT NUMBER (if known)	APPLICATION NUMBER
	10/605,738

**Completed by (check one):**☐ Applicant/Inventor

☒ Attorney or Agent of Record 38,368  
 (Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed.  
 (Form PTO/SB/96)

☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_



Timothy J. Ziolkowski

Typed or printed name

(262) 376-5170

Requester's telephone number

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Docketed by: dlc  
 Date: 2-18-05

Ziolkowski Patent Solutions Group, SC  
14135 North Cedarburg Road  
Mcquon, WI 53097-1416  
(262) 376-5170  
FAX (262) 376-2994

## **FACSIMILE TRANSMISSION**

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Date: July 19, 2005

**PLEASE DELIVER THE FOLLOWING PAGES:**

TO: Ms. Nadine Clark

FAX NUMBER: 703-308-5083

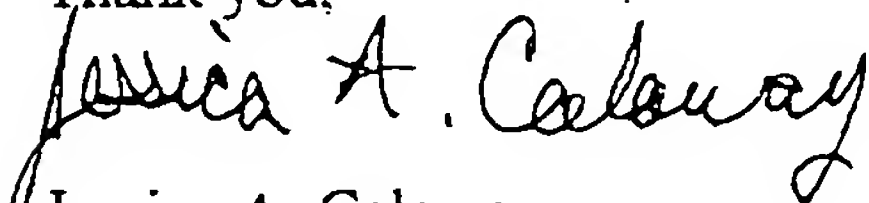
FROM: Jessica Calaway

NUMBER OF PAGES (including cover) 4

Ms. Clark:

Enclosed please find a copy of the Issue Fee Transmittal, Credit Card Authorization, and Fee Address filed February 17, 2005, for the patent application serial number 10/605,738 that you requested --- the original having been misplaced by the Patent Office. If you have any further questions, please call.

Thank you,



Jessica A. Calaway

[jac@zpspatents.com](mailto:jac@zpspatents.com)

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